

How to Opt-Out or Back-In to the New Mexico Health Information Exchange

NEW MEXICO HEALTH INFORMATION COLLABORATIVE (NMHC)

Not sure, need more information?

Visit www.nmhc.org
Or call
505-938-9999

Opt-Out

Complete and mail the form
below or online at
www.nmhc.org

Opt-Back In

Complete and mail the form
below or online at
www.nmhc.org

You have a choice and can change your mind at any time.

Example – Decide to Opt-out: If you fill out this form and mail or fax it in, the system will not allow access to any of your current or past medical information through the Health Information Exchange under any circumstances including an emergency situation. If you change your mind later and would like to reverse your decision you can **Opt-Back In** at any time.

I Choose to Opt-Out

I Choose to Opt-Back In

After you have made your selection by checking one of the boxes above, fill out this form and mail to the address below.

Last Name: _____ First Name: _____ Middle Name or Initial: _____

Date of Birth: (mm/dd/yyyy) _____ Social Security # (Optional) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime/Work Phone #: _____ Cell Phone #: _____

Email Address _____ What is your gender (male/female) _____

When I have chosen to **Opt-Out** and sign and mail in this form, I understand that I am choosing for my health information not to be accessible in the NMHC Health Information Exchange network to anyone under any circumstances.

When I have chosen to **Opt Back In** and sign and mail this form, I understand that I am choosing for my health information to be available in the NMHC Health Information Exchange network to authorized users who have obtained my written consent.

Date: _____

Signature of Patient or Authorized Representative

Mail this form to:

New Mexico Health Information Collaborative 2309 Renard Pl. SE, Suite 103 Albuquerque, NM 87106

fax: 505-938-9940